

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
2011 JAN 10 AM 10:01

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gonzalez for Treasurer

IMPORTANT: Indicate by # type of committee you are reporting for: 5

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name  
Sharon Gonzalez

Political Party (if applicable)  
Democrat

Office Sought  
Linn County Treasurer

District (if Senate or House)  
n/a

<b>FORM</b> <b>DR-2</b> (Rev. 12/2009)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>18479</u>
Logged In	<u>SW</u>
Scanned	<u>SW</u>
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Sharon Gonzalez  
SIGNATURE OF PERSON FILING REPORT

319.533.3155  
TELEPHONE

01-10-11  
DATE SIGNED

I AM FILING A January 19, 2011 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 8,651.01

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

150.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** \$ 8,801.01

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

7,320.42

Schedule F: Loan Repayments total (Attach Schedule F)

100.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 1,380.59

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

☒ YES ☐ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/10	ID# CK#	Colleen Cahill Holmes 3825 Water View Court SW Cedar Rapids, IA 52404		\$25.00	<input type="checkbox"/>
10/20/10	ID# CK#	Donald Zeller 820 Eisenhower Road, Suite 2 Hiawatha, IA 52233		25.00	<input type="checkbox"/>
10/27/10	ID# CK#	Randy Nazette 3503 Random Court SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 150.00	
TOTAL (if last page of this schedule)				\$ 150.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/19/10	ID# CK#	KMRY-AM 1957 Blairs Ferry Road NE Cedar Rapids, IA 52402	Radio spots	\$ 782.00
10/21/10	ID# CK#	Gazette Communications 500 3rd Avenue SE Cedar Rapids, IA 52401	Newspaper advertising	1251.00
11/01/10	ID# CK#	Compass Advertising PO Box 1310 Cedar Rapids, IA 52406-1310	Consulting, advertising	4898.25
11/01/10	ID# CK#	The Linn News-Letter 38 4th Street North Central City, IA 52214	Newspaper advertising	129.20
11/05/10	ID# CK#	Gazette Communications 500 3rd Avenue SE Cedar Rapids, IA 52401	Milestones thank you	90.00
12/31/10	ID# CK#	Sharon Gonzalez 3850 Tarpv Avenue Cedar Rapids, IA 52404	Debt and loan repayment (total \$269.97; \$100.00 loan repayment shown on Schedule F)	169.97
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 7320.42
TOTAL (if last page of this schedule)				\$ 7320.42

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

SCHEDULE

F

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAY

☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 100.00

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
12/31/10	Sharon Gonzalez 3850 Tapy Drive Cedar Rapids, IA 52404	Self	\$ 100.00

TOTAL CASH REPAYMENTS (PART II)

\$ 100.00

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0.00

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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(for Schedule F)

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

SCHEDULE

G

(Rev. 02/08)

BREAKDOWN  
OF MONETARY  
EXPENDITURES  
BY CONSULTANT☐ CHECK THIS BOX IF  
AMENDING FORM

## PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant

Compass Advertising

Mailing Address

PO Box 1310

City

State

Zip Code

Cedar Rapids, IA 52406-1310

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

From 10/11/10

To 10/14/10

\$ 5000

## ESTIMATES OF PERFORMANCE

Assist with televisions spots, write scripts, tape spots, schedule times

## PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
11/02/10	OnMedia 6300 Council Street NE Cedar Rapids, IA 52402	Television production	\$ 525.00
11/02/10	OnMedia 6300 Council Street NE Cedar Rapids, IA 52402	Cable tv ads	1981.35
11/02/10	KGAN/KFXA 600 Old Marion Road NE Cedar Rapids, IA 52402	Television ads	2391.90
SUB-TOTAL			\$ 4898.25
TOTAL (If last page of this schedule)			\$ 4898.25